

INMAN, JOHN

2

**Active Problems:** ANXIETY STATE, UNSPECIFIED (300.00), DEPRESSIVE DISORDER, NOT ELSEWHERE CLASSIFIED (311), DEGENERATION OF INTERVERTEBRAL DISC, SITE UNSPECIFIED (722.6), LUMBAGO (724.2), IMPOTENCE OF ORGANIC ORIGIN (607.84), CHRONIC HEPATITIS C WITHOUT MENTION OF HEPATIC COMA (070.54), PERSONAL HISTORY OF TOBACCO USE (V15.82)

**Current Impression:** no change

**Plan:**

**Active Medications:**

Remeron 45 mg oral tablet #One, Bed Time  
OxyIR 5 mg oral tablet #1-2, every day  
Viagra 50 mg oral tablet #One, every day  
Klonopin 1 mg oral tablet #One, 3x / day  
Trazodone Hydrochloride 100 mg oral tablet #Two, every day

**New Rx:**

refill meds per MD

**Discontinued Medications:**

none

**Additional Plan:** Pain Contract signed

**Encounter CPT Code:** 99214

**History:** Detailed

**Physical Exam:** Detailed

**Medical Decision Making:** Straightforward

**Return Visit:** 01 May 2004

**Edited by:** Mrs. LeBlanc(1000123) 20040401102548-0600

*This encounter is on permanent secure electronic file at [www.mypatientcharts.com](http://www.mypatientcharts.com).  
Only authorized persons with a need-to-know have access to this information.*

**Electronically signed by:** E. LIVINGSTON, CRNP(1000111) 20040401125223-0600

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**INMAN, JOHN**

**Chief Complaint: Follow Up Visit**

**02 Mar 2004**

**HISTORY / PHYSICAL EXAMINATION**

**Chief Complaint:** management of chronic problems and medications

**Present Illness:** The patient is a 45 year old male who presents for a follow-up visit. He has a chronic history of anxiety which is well-controlled. He has a chronic history of hepatitis which is well-controlled. He has a chronic history of lumbar disc disease which is well-controlled.

**REVIEW OF SYSTEMS:**

**Constitutional:** Patient denies any fever, chills, or generalized weakness.

**Cardiovascular:** No varicose veins, high blood pressure, or chest pain.

**Respiratory:** No wheezing, frequent coughing, or shortness of breath.

**Musculoskeletal:** Back pain, pain radiating down right LE

**Psychologic:** Anxious, Depressed

**SOCIAL HISTORY:** Does not use alcoholic beverages

**Daily Tobacco Use:**

Cigarette Packs/day= 1

**ALLERGIES:** None

**Physical Examination:**

**Constitutional:** vital signs: pulse rate - 98, systolic BP - 130, diastolic BP - 90, temperature (F) - 99.9, weight - 184; mental status - alert and oriented; appearance - appears appropriate for age, normoactive; attire - appropriately attired; nutritional status - well nourished; distress level - in no distress

**Head and Face:** normocephalic; atraumatic; normal hair and scalp; normal facial appearance

**Eyes:** extra-ocular movements intact; lids not swollen; no ptosis; conjunctiva, sclera and corneas clear; pupils equally reactive to light and accommodation; lenses without opacities

**Neck:** examination of the thyroid reveals a normal thyroid gland size and consistency

**Respiratory:** an assessment of respiratory effort reveals normal expansion and range of motion; normal respiratory effort, auscultation of the lungs revealed normal breath sounds bilaterally

**Cardiovascular:** normal sinus rhythm detected, auscultation of the heart revealed normal S1 and S2, no murmurs, gallops or rubs detected, examination of the lower extremities revealed no evidence of cyanosis, edema or venous dilation; no calf tenderness noted

**Musculoskeletal:** asymmetrical gait, back - paraspinal muscle tenderness, limited spinal flexion; limited spinal extension

**Psychiatric:** oriented to person, place and time, mood anxious; mood irritable, normal speech and language

INMAN, JOHN

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**ASSESSMENT AND PLAN**

**Active Problems:** ANXIETY STATE, UNSPECIFIED (300.00), DEPRESSIVE DISORDER, NOT ELSEWHERE CLASSIFIED (311), DEGENERATION OF INTERVERTEBRAL DISC, SITE UNSPECIFIED (722.6), LUMBAGO (724.2), IMPOTENCE OF ORGANIC ORIGIN (607.84), CHRONIC HEPATITIS C WITHOUT MENTION OF HEPATIC COMA (070.54)

**Current Impression:** PERSONAL HISTORY OF TOBACCO USE (V15.82)

**Plan:**

**Lab Work:**

CBC  
ESR  
Complete Metabolic Profile  
Fasting Lipid Profile  
TSH  
Free T4

**Radiology:**

Chest X-Ray MRI Lumbar Spine

**Diagnostic Procedures:**

EKG

**Active Medications:**

Remeron 45 mg oral tablet #One, Bed Time  
OxyIR 5 mg oral tablet #1-2, every day  
Viagra 50 mg oral tablet #One, every day  
Klonopin 1 mg oral tablet #One, 3x / day  
Trazodone Hydrochloride 100 mg oral tablet #Two, every day

**New Rx:**

refill pain meds per md

**Discontinued Medications:**

none

**Encounter CPT Code:** 99214

**History:** Detailed

**Physical Exam:** Detailed

**Medical Decision Making:** Low Complexity

Return Visit: 02 Apr 2004

Edited by: Mrs. LeBlanc(1000123) 20040302104151-0600

This encounter is on permanent secure electronic file at [www.mypatientcharts.com](http://www.mypatientcharts.com).  
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INMAN, JOHN

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*Electronically signed by: E LIVINGSTON, CRNP(1000111) 20040302121252-0600*

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Only authorized persons with a need-to-know have access to this information.*

**INMAN, JOHN**

**Chief Complaint: Follow Up Visit**

**10 Nov 2003**

**HISTORY / PHYSICAL EXAMINATION**

**Chief Complaint:** f/u chronic conditions

**Present Illness:** The patient is a 45 year old male who presents for a follow-up visit.

He has a chronic history of anxiety which is unchanged from that previously reported. He has a chronic history of depression which is well-controlled. He has a chronic history of lumbar disc disease which is worse than previously reported.

**REVIEW OF SYSTEMS:**

**Constitutional:** Patient denies any fever, chills, or generalized weakness.

**Cardiovascular:** No varicose veins, high blood pressure, or chest pain.

**Respiratory:** No wheezing, frequent coughing, or shortness of breath.

**Musculoskeletal:** Back pain, pain radiating down right LE

**Psychologic:** Anxious, Depressed

**SOCIAL HISTORY:**

Daily Tobacco Use:

Cigarette Packs/day= 1

**ALLERGIES:** None

**HEALTH MAINTENANCE:** None

The PFSH, ROS, and Current Medications have been reviewed, and any changes have been noted since the last visit to this office on 10/15/2003

**Physical Examination:**

**Constitutional:** vital signs: blood pressure, pulse rate and regularity, respiration, temperature, height and weight as recorded in vital signs table; general appearance: alert, well nourished, normally developed; appearance appropriate for age, appropriately attired and in no distress

**Head and Face:** normocephalic; atraumatic; normal hair and scalp; normal facial appearance

**Eyes:** extra-ocular movements intact; lids not swollen; no ptosis; conjunctiva, sclera and corneas clear; pupils equally reactive to light and accommodation; lenses without opacities

**Neck:** examination of the thyroid reveals a normal thyroid gland size and consistency

**Lymphatics:** no lymphadenopathy noted in the submandibular region, no lymphadenopathy noted in the supraclavicular region

**Respiratory:** an assessment of respiratory effort reveals normal expansion and range of motion; normal respiratory effort, auscultation of the lungs revealed normal breath sounds bilaterally

**Cardiovascular:** auscultation of the heart revealed normal S1 and S2, no murmurs, gallops or rubs detected, examination of the carotid arteries revealed normal bilateral carotid pulses, normal upstroke, no

INMAN, JOHN

2

bruits

**Musculoskeletal:** back - paraspinal muscle tenderness

**Psychiatric:** mood anxious; mood irritable

**ASSESSMENT AND PLAN**

**Active Problems:** ANXIETY STATE, UNSPECIFIED (300.00), DEPRESSIVE DISORDER, NOT ELSEWHERE CLASSIFIED (311), DEGENERATION OF INTERVERTEBRAL DISC, SITE UNSPECIFIED (722.6), LUMBAGO (724.2), IMPOTENCE OF ORGANIC ORIGIN (607.84)

**Current Impression:** no change

**Plan:**

**Radiology:** MRI Lumbar Spine

**Active Medications:**

Remeron 45 mg oral tablet #One, Bed Time  
OxyIR 5 mg oral tablet #1-2, every day  
Viagra 50 mg oral tablet #One, every day  
Klonopin 1 mg oral tablet #One, 3x / day  
Trazodone Hydrochloride 100 mg oral tablet #Two, every day

**New Rx:**

none

**Discontinued Medications:**

none

**Additional Plan:** appt. Dr Hagstrom, EKG at next visit

**Encounter CPT Code:** 99214

**History:** Comprehensive

**Physical Exam:** Detailed

**Medical Decision Making:** Straightforward

**Return Visit:** 10 Dec 2003

Electronically signed by: E. LIVINGSTON, CRNP(1000111) 20031110122527-0600

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**INMAN, JOHN**

**Chief Complaint: Follow Up Visit**

**18 Sep 2003**

**HISTORY / PHYSICAL EXAMINATION**

**Chief Complaint:** Low back pain

**Present Illness:** The patient is a 45 year old male who presents for a follow-up visit.

His arthritis is worse than previously reported. His depression is about the same as previously reported.

His hepatitis remains inadequately controlled.

The patient was last seen in the office because of impotency. This has been present several weeks. The impotency is better. The following treatments have been tried with some success: Viagra.

**PAST MEDICAL HISTORY:** None

**PAST SURGICAL HISTORY:** None

**FAMILY HISTORY:** No significant Family History

**SOCIAL HISTORY:**

Daily Tobacco Use:

Cigarette Packs/day= 1

**ALLERGIES:** None

The PFSH, ROS, and Current Medications have been reviewed, and any changes have been noted since the last visit to this office on 08/18/2003

**Physical Examination:**

**Constitutional:** vital signs: blood pressure, pulse rate and regularity, respiration, temperature, height and weight as recorded in vital signs table; general appearance: alert, well nourished, normally developed, appearance appropriate for age, appropriately attired and in no distress

**Head and Face:** normocephalic; atraumatic; normal hair and scalp; normal facial appearance

**Eyes:** extra-ocular movements intact; lids not swollen; no ptosis; conjunctiva, sclera and corneas clear; pupils equally reactive to light and accommodation; lenses without opacities

**Ears, Nose, Mouth, Throat:** normal pinna; normal sense of hearing; normal nares and mucosa; midline nasal septum; normal lips, teeth, gums, tongue and oral mucosa; normal pharyngeal structures and appearance; uvula midline; normal gag reflex

**Respiratory:** normal symmetric chest structure and appearance; normal expansion and range of motion; normal respiratory effort; no abnormalities noted on palpation; all lung fields clear to auscultation and percussion

**Cardiovascular:** normal precordium; non-displaced PMI; heart rhythm regular; no murmurs, gallops or rubs detected by auscultation; pedal artery pulses 2+, equal bilaterally; lower extremities without edema or calf tenderness



NAME: [REDACTED]  
 DOB: 5/25/55  
 SEX: M  
 Race: [REDACTED]  
 Class: [REDACTED]  
 Loc: [REDACTED]  
 Cr: [REDACTED]  
 Tech: KKL

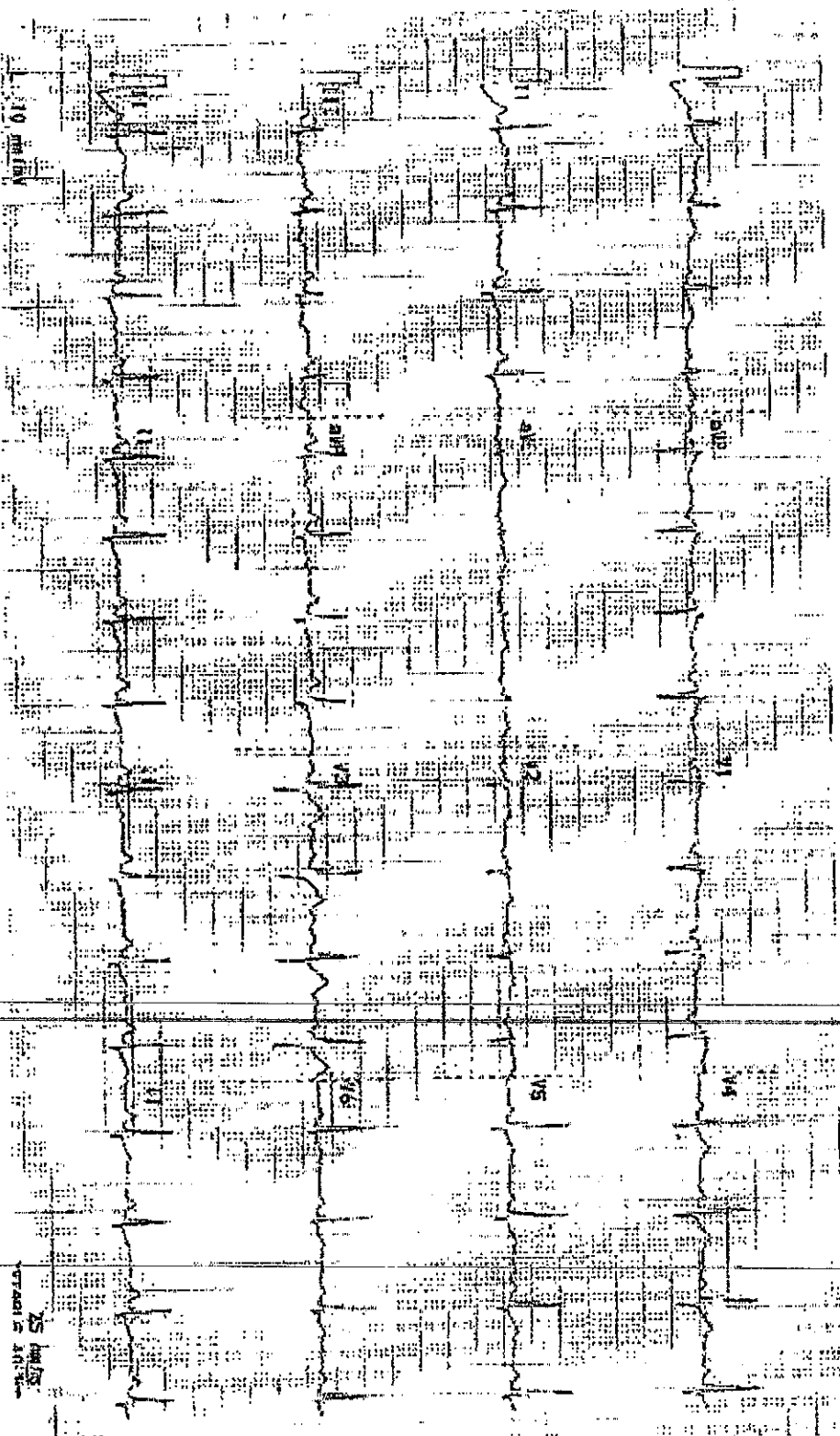
AS YER/95	Verd. Rate:	94 bpm
P Duration:	164 ms	
QRS Duration:	82 ms	
PR Interval:	140 ms	
QT Interval:	352 ms	
QTc Interval:	411 ms	
QT Dispersion:	36 ms	
P-R-T Axis:	72°	SZ -17°

3/12/04 11:55:57

sinus rhythm  
 possible left atrial abnormality  
 Inferior T wave changes and nonspecific

\* Unconfirmed Analysis \*

②



25 mm/s  
 10 mm/mV  
 10 mm/s



## **LISTER RADIOLOGY**

401 West College St. Suite B  
Florence, AL 35630  
TELEPHONE: (256) 767-3871

### **XRAY REPORT**

PATIENT NAME: Inman, John

DATE: 03-02-04

SS#: [REDACTED]

REF PHYSICIAN: Dr. Scarborough

TECH: M. LeBlanc

#### **CHEST 2V**

There are changes consistent with COPD. No acute cardiopulmonary process is identified.



John W. Scarborough, M.D.

JWS/mew  
03/04/04

LISTER HEALTH CARE  
401 West College St  
Florence, AL 35030

Phone: (256) 767-3871 Ext. 18

FAX: (256) 767-3808

FINAL SAMPLE REPORT

Page: 1

Patient ID: 421923995  
Patient Name: INMAN, JOHN  
DOB: [REDACTED] Sex: M  
Comments:

Reported: 03/03/04 08:51  
Doctor: JOHN W. SCARBOROUGH, M.D.  
Location:

Lab No: 04062030 Patient: 03/03/04 1:40 Tech: Rec'd: 03/02/04 1:49 Tech:

PROCEDURE	NORMAL	ABNORMAL	UNITS	REFERENCE RANGE
*** HEMATOLOGY ***				
WBC		12.4 H	$\times 10^3/\mu\text{L}$	4.5 - 10.3
RBC	4.74		$\times 10^6/\mu\text{L}$	4.00 - 5.00
HGB	15.8		g/dL	11.0 - 16.0
HCT	46		%	37 - 47
MCV	95.8		fL	80.0 - 99.9
MCH		33.3 H	pg	27.0 - 31.0
MCHC	35		g/dL	33 - 37
RDW	13.5		%	11.5 - 14.5
PLT		137 L	$\times 10^3/\mu\text{L}$	150 - 450
MPV	11.1		fL	8.0 - 99.8
** AUTO DIFF **				
GRAN%		8.1 H	$\times 10^3/\mu\text{L}$	1.4 - 6.5
LYMPH%		3.7 H	$\times 10^3/\mu\text{L}$	1.2 - 3.4
MON%	0.6		$\times 10^3/\mu\text{L}$	0.1 - 0.6
GRAN%	65		%	40 - 80
LYMPH%	30		%	21 - 51
MON%	5		%	2 - 9
SED RATE	14		mm/hr	0 - 20
*** COMPREHENSIVE METABOLIC PROFILE ***				
GLUCOSE	77		mg/dL	70 - 110
BUN	11		mg/dL	7 - 18
CREATININE	0.0		mg/dL	0.6 - 1.4
BUN/CREAT RATIO	13.5		mg/dL	8.0 - 36.0
SODIUM	130		mEq/L	134 - 149
POTASSIUM	4.8		mEq/L	3.6 - 5.5
CHLORIDE	100		mEq/L	94 - 112
CARBON DIOXIDE	25.2		mEq/L	21.0 - 32.0
ANION GAP	18.0		RATIO	7.0 - 34.0
CALCIUM	8.8		mg/dL	8.6 - 10.0
TOTAL PROTEIN	7.8		g/dL	6.3 - 8.1
ALBUMIN	4.5		g/dL	3.8 - 5.5
GLOBULIN	3.3		g/dL	2.0 - 4.8
A/G RATIO	1.4		ratio	0.6 - 2.2
ALK. PHOS.	87		mg/dL	20 - 130
ALT (SGPT)		200 H	U/L	10 - 40

CHS

Hx Hep C

Ref to 10/02/04 next visit

## **LISTER RADIOLOGY**

1404 AVALON AVE  
TUSCUMBIA, AL 35661  
TELEPHONE: (256) 381-4400

### **MRI LUMBAR SPINE WITHOUT CONTRAST**

PATIENT NAME: Inman, John

DATE: 03-17-04

DOB: [REDACTED]

REF PHYSICIAN: Dr. Scarborough

TECH: E. Pierce

HISTORY: Low back pain, occasional right leg pain.

Multiple planes and imaging sequences are obtained through the lumbar spine. The signal returning from the vertebral bodies and thecal sac is normal with normal alignment. There are small Schmorl's nodes seen at the superior endplate at L1 and inferior endplate at T12. The exam shows some desiccation at the L4-5 disc. There is effacement upon the anterior thecal sac at the L4-5 level which appears broad based and there appears to be some diffuse disc bulging. On some of the axial images this appears slightly more focal centrally and perhaps to some degree to the left of midline and this raises some suspicion for predominantly central disc herniation. This certainly at least represents a disc protrusion. This is not quite as pronounced on the sagittal images as seen on the axial images. There is facet hypertrophy at this level. The exam shows some disc space narrowing and desiccation at the L5-S1 level with diffuse disc bulge at this level as well.

**CONCLUSION:** Broad based as well as more focal central disc protrusion at L4-5 and some mild disc bulge at L5-S1. Desiccation of these discs as well. Mild degenerative change.

Beth Weatherford, M.D.  
Radiologist

\_\_\_\_\_, M.D.  
John W. Scarborough, M.D.

BW/mew  
03/18/04  
cc: Dr. Scarborough

(2)

LISTER HEALTH CARE  
401 West College St  
Florence, AL 36630

Phone: (256) 767-3871 Ext. 16

FAX: (256) 767-3808

FINAL SAMPLE REPORT

Page: 2

Patient ID: 421923995  
Patient Name: IRMAN, JOHN  
DOB: [REDACTED] Sex: M  
Comments:

Reported: 03/03/04 08:51  
Doctor: JOHN W. SCARBOROUGH, M.D.  
Location:

Lab No: 04062030

Drawn: 03/02/04 11:40

Tech:

Rec'd: 03/02/04 11:40 Tech:

Comments:

PROCEDURE	NORMAL	ABNORMAL	UNITS	REFERENCE RANGE
AST (SGOT)		101 H	U/L	9 - 44
TOTAL BILIRUBIN	1.1		mg/dl	0.2 - 1.2
*** HDL PROFILE*				
CHOLESTEROL	152		mg/dl	120 - 200
TRIGLYCERIDES	89		mg/dl	30 - 150
HDL	57		mg/dl	30 - 85
LDL (CALCULATED)	77		CALC	0 - 160
VLDL (CALCULATED)	18		mg/dl	0 - 50
HDL RISK FACTOR		2.7 L	CALC	4.2 - 7.0
*** THYROIDS ***				
T4	8.7		ug/dl	4.2 - 12.0
TSH	0.7		mIU/L	0.5 - 6.0

*[Handwritten signature]*

LISTER HEALTH CARE  
401 West College St  
Florence, AL 35630

Phone: (256) 767-3871 Ext. 18

FAX: (256) 767-3808

FINAL SAMPLE REPORT

Page: 1

Patient ID: 421923995  
Patient Name: INMAN, JOHN  
DOB: [REDACTED] Sex: M  
Connection:

Reported: 03/03/04 08:51  
Doctor: JOHN W. SCARBOROUGH, M.D.  
Location:

Lab No: 04082035

Drawn: 03/03/04 Tech:

Rec'd: 03/03/04 1:49 Tech:

Comments:

PARAMETER	NORMAL	ABNORMAL	UNIT	REFERENCE RANGE
*** HEMATOLOGY ***				
WBC		12.4 H	$\times 10^3/\mu\text{L}$	4.5 - 10.5
RBC	4.74		$\times 10^6/\mu\text{L}$	4.60 - 6.00
HGB	15.8		g/dL	11.0 - 16.0
HCT	46		%	37 - 47
MCV	95.8		fL	80.0 - 99.9
MCH		33.3 H	pg	27.0 - 31.0
MCHC	35		g/dL	33 - 37
RDW	13.5		%	11.5 - 14.5
PLT		139 L	$\times 10^3/\mu\text{L}$	150 - 450
MPV	11.1		fL	8.0 - 98.8
** AUTO DIFF **				
CHANC		0.1 H	$\times 10^3/\mu\text{L}$	1.4 - 6.5
LYMPHS		3.7 H	$\times 10^3/\mu\text{L}$	1.2 - 3.4
MON	0.6		$\times 10^3/\mu\text{L}$	0.1 - 0.6
GRAN	65		%	40 - 80
LYMPHS	30		%	21 - 51
NEU	5		%	2 - 9
SED RATE	14		mm/hr	0 - 20
*** COMPREHENSIVE METABOLIC PROFILE ***				
GLUCOSE	77		mg/dL	70 - 110
BUN	11		mg/dL	7 - 18
CREATININE	0.8		mg/dL	0.6 - 1.4
BUN/CREAT RATIO	13.8		CALC	8.0 - 26.0
SODIUM	138		mEq/L	134 - 140
POTASSIUM	4.8		mEq/L	3.6 - 5.5
CHLORIDE	100		mEq/L	94 - 112
CARBON DIOXIDE	25.2		mEq/L	21.0 - 32.0
ANION GAP	18.0		RATIO	7.0 - 34.0
CALCIUM	8.8		mg/dL	8.6 - 10.0
TOTAL PROTEIN	7.0		g/dL	6.1 - 8.1
ALBUMIN	4.5		g/dL	3.8 - 5.5
GLOBULIN	2.5		g/dL	2.0 - 4.8
A/G RATIO	1.8		CALC	0.6 - 2.2
ALK. PHOS.	87		mg/dL	20 - 130
ALT (SGPT)		200 H	U/L	10 - 40

Hg. Hep C

Refer to  
file on next  
sheet

LESTER HEALING CARE  
401 West College St  
Tomball, TX 77300

Phone: (281) 767-3871 Ext. 18

FAX: (281) 767 3000

FINAL SAMPLE REPORT

Page: 2

Patient ID: 421923995  
Patient Name: INMAN, JOHN  
DOB: [REDACTED] Sex: M  
Comments:

Reported: 05/03/04 08:51  
Doctor: JOHN W. SCARBOROUGH, M.D.  
Location:

Lab No: 04062030

Drawn: 05/03/04 11:40 Tech:

Rec'd: 05/03/04 11:40 Tech:

Comments:

PROCEDURE	NORMAL	ABNORMAL	UNITS	REFERENCE RANGE
AST (SGOT)		101 U	U/L	0 - 44
TOTAL BILIRUBIN	1.1		mg/dl	0.2 - 1.3
*** HDL PROFILE ***				
CHOLESTEROL	152		mg/dL	120 - 200
TRIGLYCERIDES	89		mg/dL	30 - 150
HDL	57		mg/dL	30 - 85
LDL (CALCULATED)	77		mg/dL	0 - 160
VLDL (CALCULATED)	18		mg/dL	0 - 50
HDL RISK FACTOR		2.7 L	CATG	4.2 - 7.0
*** THYROIDS ***				
T4	8.1		ug/dL	4.2 - 12.0
TSH	0.7		mIU/L	0.5 - 6.0



## PHYSICIANS' ORDERS

NAME:

DIAGNOSIS (If Chg'd)

D.O.B. / /

ALLERGIES:

Use Last Date / /

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME:

DIAGNOSIS (If Chg'd)

D.O.B. / /

ALLERGIES:

Use Fourth Date / /

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME:

DIAGNOSIS (If Chg'd)

D.O.B. / /

ALLERGIES:

Use Third Date / /

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME:

DIAGNOSIS (If Chg'd)

D.O.B. / /

ALLERGIES:

Use Second Date / /

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Inman, John

234821

Droper

D.O.B.

ALLERGIES: N/A

Use First

Date 6/15/04

DIAGNOSIS

Entex PSE T PO BID x 5 days

Motrin 600 mg PO TID x 3 days

☐ GENERIC SUBSTITUTION IS NOT PERMITTED





## PHYSICIANS' ORDERS

NAME: Inman, John  
234821

D.O.B. [REDACTED]

ALLERGIES:

Use Last Date / /

DIAGNOSIS (If Chg'd)

☐ GENERIC SUBSTITUTION IS NOT PERMITTEDNAME: Inman, John  
234821

D.O.B. [REDACTED]

ALLERGIES:

Use Fourth Date / /

DIAGNOSIS (If Chg'd)

☐ GENERIC SUBSTITUTION IS NOT PERMITTEDNAME: Inman, John  
234891

D.O.B. [REDACTED]

ALLERGIES:

Use Third Date / /

DIAGNOSIS (If Chg'd)

☐ GENERIC SUBSTITUTION IS NOT PERMITTEDNAME: Inman, John  
234891

D.O.B. [REDACTED]

ALLERGIES:

Use Second Date / /

DIAGNOSIS (If Chg'd)

☐ GENERIC SUBSTITUTION IS NOT PERMITTEDNAME: Inman, John  
234891

D.O.B. [REDACTED]

ALLERGIES:

Use First Date 6/19/04

DIAGNOSIS

(HCC Visit) Regarding Congestive

☐ GENERIC SUBSTITUTION IS NOT PERMITTED



## PHYSICIANS' ORDERS

NAME:

DIAGNOSIS (If Chg'd)

D.O.B. / /

ALLERGIES:

Use Last Date / /

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME:

DIAGNOSIS (If Chg'd)

D.O.B. / /

ALLERGIES:

Use Fourth Date / /

☐ GENERIC SUBSTITUTION IS NOT PERMITTEDNAME: Inman, John  
234821D.O.B. [REDACTED]  
ALLERGIES: MVA Trauma

DIAGNOSIS (If Chg'd)

① HCU Visit in 1 wk 8/15/05  
 ② Appt c Dr. Chung for Neck pain 8/15/05  
 ③ N/Agrazin 375 q 4 p.m. TID X 20 dy

Use Third Date 7/25/05

☐ GENERIC SUBSTITUTION IS NOT PERMITTEDNAME: Inman, John  
234821D.O.B. [REDACTED] FILED 1330  
ALLERGIES: MVA

DIAGNOSIS (If Chg'd)

HCU Visit within 2 days 7/25/05  
 Selenium Sulfide 10gr M/B 14 days 7/15/05

Use Second Date 7/15/05

☐ GENERIC SUBSTITUTION IS NOT PERMITTEDNAME: Inman, John  
234821D.O.B. [REDACTED] Trauma  
ALLERGIES: NR

DIAGNOSIS

① No train 60 dy TID X 90 dy  
 ② HCU Visit 5 chit Neck

Use First Date 7/15/05

☐ GENERIC SUBSTITUTION IS NOT PERMITTED



PRISON  
HEALTH  
SERVICES  
INCORPORATED

## PHYSICIANS' ORDERS

<p>NAME: Inman, John File 234821 D.O.B. [REDACTED] ALLERGIES: [REDACTED] Use Last Date 6/22/05</p>	<p>DIAGNOSIS (If Chg'd) Ibuprofen 600 mg po BID x 30 days KOP HCH Reevaluate neck pain 15/05 MP visit JRM 11/05 3:20 3:40 <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED</p>
<p>NAME: Inman, John File 234821 D.O.B. [REDACTED] ALLERGIES: N/A Use Fourth Date 5/23/05</p>	<p>DIAGNOSIS (If Chg'd) BBP x 180 days OS 5-11-10 <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED</p>
<p>NAME: Inman, John File 234821 D.O.B. [REDACTED] ALLERGIES: [REDACTED] Use Third Date 05/16/05</p>	<p>DIAGNOSIS (If Chg'd) clonazepam 600 mg po BID x 30 days KOP <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED</p>
<p>NAME: Inman, John 234821 D.O.B. [REDACTED] ALLERGIES: N/A Use Second Date 5/13/05</p>	<p>DIAGNOSIS (If Chg'd) Feldene 20 mg i PO QD x 60 days KOP <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED</p>
<p>NAME: Inman, John 234821 D.O.B. [REDACTED] ALLERGIES: N/A Use First Date 4/6/05</p>	<p>DIAGNOSIS Ibuprofen 600 mg po BID x 30 days KOP 0940 <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED</p>



## PHYSICIANS' ORDERS

NAME: Inman, James  
234821

D.O.B. [REDACTED] Blee

ALLERGIES: N/A

Use Last Date 3/15/05

DIAGNOSIS (If Chg'd)

HCLASIN in 2-3 weeks FU

neck pain 4/6/05 MD [Signature]

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Inman, James  
234821

D.O.B. [REDACTED] Flee

ALLERGIES: N/A

Use Fourth Date 3/15/05 3/18/05

DIAGNOSIS (If Chg'd)

Exet PSE TO BID x 5 days

Amoxicillin 750mg PO BID x 10 days

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Inman, James  
234821

D.O.B. [REDACTED] Frank Lee

ALLERGIES:

Use Third Date 2/17/05

DIAGNOSIS (If Chg'd)

20mg  
Do Indol. 25mg po KOLX 30 days

Do Felone.  
1 FTS Day pyle 1210849 5/9/05

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Inman, John  
234821

D.O.B. [REDACTED]

ALLERGIES:

Use Second Date 1/14/05

DIAGNOSIS (If Chg'd)

Hep Occ. please schedule

also bp. 2/7/05 1/25/05 MD

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Inman, John  
234821

D.O.B. [REDACTED] Frank Lee

ALLERGIES:

Use First Date 1/10/05

DIAGNOSIS

Hep visit 1 mo Follow up 2/10/05

Do Felone 10mg po qd x 30 days

☐ GENERIC SUBSTITUTION IS NOT PERMITTED



## PHYSICIANS' ORDERS

NAME: Ingram, John  
234821

D.O.B. [REDACTED]  
ALLERGIES:

DIAGNOSIS (If Chg'd)

Alp A, B, C progress Done  
Diag profile  
Cancel Labs Below  
Repeat X-ray Attention to C-7  
HCU visit 1/19/05

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

Use Last Date 1/10/05

NAME: Zarnan, John  
FLYU 234821

D.O.B. [REDACTED]  
ALLERGIES: NKDA

DIAGNOSIS (If Chg'd)

① Chw 275117 ✓  
② Job change indoor to Heavy  
③ C-spine film for wld 500  
4/5/05 F/U HCU LWR

③ Notew 800 TID KOP x 3urks ✓

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

Use Fourth Date 1/3/05

NAME: Inman, John

D.O.B. [REDACTED]  
ALLERGIES: NKDA

DIAGNOSIS (If Chg'd)

Mom 60mg PO TID 14 days

HCU visit neck pain in 1-2 weeks

1/3/05

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

Use Third Date 12/29/04

NAME: INMAN, JOHN

D.O.B. 1/1  
ALLERGIES:

DIAGNOSIS (If Chg'd)

① 1 month HCU F/U neck pain 13.00

② Notew 600 TID PRN x 440 ✓

③ Tylenol 8 PRN TID x 4urks

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

Use Second Date 12/3/04

NAME: Inman, John

D.O.B. [REDACTED]  
ALLERGIES:

DIAGNOSIS

Need C spine Films NOW PLEASE

Order # 115 / 1115

HCU visit - Dr. Williams

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

Use First Date 11/23/04





## PHYSICIANS' ORDERS

NAME: Inman, John 234821 D.O.B. [REDACTED] ALLERGIES: [REDACTED] Use Last Date 11/15/04	DIAGNOSIS (If Chg'd) X Ray C-Spine results to me please H/O Dr. Chung - no unscheduled [Signature] <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED [Signature]
NAME: Inman, John 234821 D.O.B. [REDACTED] ALLERGIES: [REDACTED] Use Fourth Date 11/12/04	DIAGNOSIS (If Chg'd) MR Ellis - What about ortho consult [Signature] 11/12/04 <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED [Signature]
NAME: Inman, John Draper 234821 D.O.B. [REDACTED] ALLERGIES: NKA Use Third Date 11/15/04	DIAGNOSIS (If Chg'd) Hydral 10mg po TID x 4 days X Ray C-Spine - Mondays Cent Splint on 2 finger till ortho appt [Signature] <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED [Signature]
NAME: Inman, John 234821 Draper D.O.B. [REDACTED] ALLERGIES: NKA Use Second Date 11/12/04	DIAGNOSIS (If Chg'd) Ortho consult - T/F 7X (M/F) [Signature] 11/1/04 <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED [Signature]
NAME: Inman, John Draper 234821 D.O.B. [REDACTED] ALLERGIES: NKA Use First Date 10/21/04	DIAGNOSIS Dressing/Splint 4th Finger on 11/1 HCU appt 11/5 re 4th finger Cyclobenzaprine 10mg TID x 3 days Naproxen 375 TID x 7 days [Signature] 11/1/04 3:30 <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED [Signature]



## PHYSICIANS' ORDERS

NAME: Inman, John

DIAGNOSIS (If Chg'd)

D.O.B. [REDACTED]

ALLERGIES: NKA

Use Last Date 10/28/04

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Inman, John

DIAGNOSIS (If Chg'd)

Keflup 500mg po BID 7 days  
Mellin 600mg po TID x 5 days  
V.D. PR Dr. Williams / Smellie for

D.O.B. [REDACTED]

ALLERGIES: NKA

Use Fourth Date 10/28/04

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: INMAN JOHN

DIAGNOSIS (If Chg'd)

234821

D.O.B. [REDACTED]

ALLERGIES: NKA

Use Third Date 9/14/04

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: INMAN, JOHN

DIAGNOSIS (If Chg'd)

Draper 234821

D.O.B. [REDACTED]

ALLERGIES: NKA

Use Second Date 8/17/04

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: INMAN, JOHN

DIAGNOSIS

Draper 234821

D.O.B. [REDACTED]

ALLERGIES: NKA

Use First Date 8/17/04

☐ GENERIC SUBSTITUTION IS NOT PERMITTEDAF Cream to affected area BID x 30 days  
Cenural Cream to AA 7 BM 2 PR x 10 daysD/C Doxepin  
D/C Lithium  
D/C Mellaril  
D/C CogentinΔ Doxepin 100 mg. po. qhs x 90 days  
Lithium carbonate 300 mg. po. qhs x 90 days  
Mellaril 50 mg. po. qhs x 90 days  
Cogentin 2 mg. po. qhs x 90 daysD/C Lithium Carbonate 300 mg. po. SAM  
D/C Mellaril 50 mg. po. SAM  
Cogentin 2 mg. po. qhs still 8/26/04  
SBamerjee, MD



MHM Correctional Services, Inc.



## PHYSICIANS' ORDERS

NAME:

DIAGNOSIS (If Chg'd)

D.O.B. / /

ALLERGIES:

Use Last Date / /

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME:

DIAGNOSIS (If Chg'd)

D.O.B. / /

ALLERGIES:

Use Fourth Date / /

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME:

DIAGNOSIS (If Chg'd)

CM

D.O.B. / /

ALLERGIES:

Use Third Date / /

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME:

DIAGNOSIS (If Chg'd) Bipolar

Inman, John  
#234821

D.O.B. [REDACTED]

ALLERGIES: NKDA

Use Second Date 5/27/04

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME:

DIAGNOSIS Bipolar

Inman, John  
#234821

D.O.B. [REDACTED]

ALLERGIES: NKDA

Use First Date 5/27/04

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

MEDICAL RECORDS COPY



## PHYSICIANS' ORDERS

NAME: Inman, John  
234821 Proper

D.O.B. [REDACTED]  
ALLERGIES: NKA

DIAGNOSIS (If Chg'd)  
Naproxen 500mg PO BID x 10 days

*[Signature]*  
7/27/04

Use Last Date 7/27/04

☐ GENERIC SUBSTITUTION IS NOT PERMITTED *[Signature]*

NAME: Inman, John  
234821 Droper

D.O.B. [REDACTED]  
ALLERGIES: NKA

DIAGNOSIS (If Chg'd)  
BBP & FDX  
Naproxen 375mg PO BID x 10 days  
Enter PSB PO BID x 5 days  
Hydrocodone 1% MA BID x 21 days

Use Fourth Date 6/17/04

☐ GENERIC SUBSTITUTION IS NOT PERMITTED *[Signature]*

NAME: Inman, John  
234821 6-4-04 noted

D.O.B. [REDACTED]  
ALLERGIES: NKA

DIAGNOSIS (If Chg'd)  
CMP CMO  
Dic Motrin  
Salmonate 750 mg PO BID x 60 d PRN  
Ref to MM  
Recheck in week

Use Third Date 6/4/04

☐ GENERIC SUBSTITUTION IS NOT PERMITTED *[Signature]*

NAME: Inman, John  
5/25/04 e 131g noted  
D.O.B. / /  
ALLERGIES: NKDA

Use Second Date / /

DIAGNOSIS (If Chg'd)  
Records from Dr. Scarborough in  
Florence, AL Re: Hepatitis?  
Flu e O.P. amon in tank for  
record review  
- LIS X-RAY (injury)

☐ GENERIC SUBSTITUTION IS NOT PERMITTED *[Signature]*

NAME: Inman, John  
234821 noted

D.O.B. [REDACTED]  
ALLERGIES: NKDA

DIAGNOSIS  
EKG  
MH referral  
Diagnostic Profile #1  
Hep-C Serum Antibody  
Motrin 600 mg p.o. BID x 30d PRN

Use First Date 5/25/04

☐ GENERIC SUBSTITUTION IS NOT PERMITTED *[Signature]*



**PRISON HEALTH SERVICES, INC.  
SICK CALL REQUEST**

*Follow-up*  
*Dental emergency*

*FLYC*

Print Name: Jhn Iman Date of Request: 6-19-06

ID # 234821 Date of Birth: [REDACTED] Location: FLYC 1-70

Nature of problem or request: Mrs cant m mouth hurts and  
a that tooth is coming up the inside of my mouth  
and my tongue. You wrote and said I had  
an appointment, I need to get in there now.

*Jhn Iman*  
Signature

**DO NOT WRITE BELOW THIS LINE**

Date:    /   /     
Time:     AM     PM  
Allergies:    

RECEIVED	
Date:	<u>6/20/05</u>
Time:	<u>2:00</u>
Receiving Nurse Initials	<u>JM Dental</u>

(S)ubjective: Pl needs anterior tooth repaired

(O)bjective (V/S): T:     P:     R:     BP:     WT:    

*Dental screening*

(A)ssessment: Request reviewed Out guide

(P)lan: To be scheduled for apt  
Thank you

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN  
CIRCLE ONE

Check One: ROUTINE ( ) EMERGENCY ( )  
If Emergency was PHS supervisor notified: Yes ( ) No ( )  
Was MD/PA on call notified: Yes ( ) No ( )

*Ann Lanthorn*  
SIGNATURE AND TITLE

Follow up



Follow-up

PRISON HEALTH SERVICES, INC.  
SICK CALL REQUEST

Follow up

Print Name: John Inman Date of Request: 6-19-05

ID # 234821 Date of Birth: [REDACTED] Location: FLY 1-70

Nature of problem or request: I'm out of my ROP Meds. My neck has swollen and would like free world appointment and if I can, in pain my neck hurts all the time now. I also would like to see someone about my upcoming Med. Release once release on 8-6-06

John Inman  
Signature

DO NOT WRITE BELOW THIS LINE

Date: 6/22/05  
Time: 535 AM PM  
Allergies: NEED

RECEIVED	
Date: <u>6/20/05</u>	Seek Call
Time: <u>2230</u>	
Receiving Nurse Initials <u>AM</u>	

(S)ubjective: al ces an chs recalled for Draper Kneel up metress al would like to go to free world appt. Bus chas non stop sign

(O)bjective (V/S): T: ant-sub - need yellow up P: meds. need to see MD R: BP consent needed by BP: Chas to 4C, 5C, need reason it raised up WT: 179  
(A)ssessment: about 1yr. on soul 1-10 not 9 explain of description  
alt an capert

(P)lan:

HCU remain

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE ( ) EMERGENCY ( )

If Emergency was PHS supervisor notified: Yes ( ) No ( )

Was MD/PA on call notified: Yes ( ) No ( )

[Signature]  
SIGNATURE AND TITLE

6-22-05

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



# PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

FLXC

Print Name: John Inman Date of Request: 5-22-05  
 ID # 234821 Date of Birth: [REDACTED] Location: Room 1-70  
 Nature of problem or request: Sgt Jackson told me I had to get my bottom bunk profile renewed or she was going to put me on top bunk. As far I know God hasn't replaced those captured disc I have, It's in my Med Jacket  
John Inman  
 Signature

DO NOT WRITE BELOW THIS LINE

Date: 5/23/05  
 Time: \_\_\_\_\_ AM PM  
 Allergies: MAA

RECEIVED
Date: <u>5/22/05</u>
Time: <u>2300</u>
Receiving Nurse Initials <u>AM</u>

(S)ubjective: "She said I need my BP renewed - I shouldn't be charged - I have a ruptured disc"

(O)bjective (V/S): T: 97 P: 68 R: 18 BP: 122/70 WT: \_\_\_\_\_

(A)ssessment: states he still has back pain

(P)lan: Hea Review

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN  
 CIRCLE ONE

Check One: ROUTINE ( ) EMERGENCY ( )

If Emergency was PHS supervisor notified: Yes ( ) No ( )

Was MD/PA on call notified: Yes ( ) No ( )

[Signature]  
 SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

Follow up

Follow up





**PRISON HEALTH SERVICES, INC.  
SICK CALL REQUEST**

*Follow up*

Print Name: John Inman Date of Request: 8-1-05  
 ID # 234821 Date of Birth: [REDACTED] Location: 4-26  
 Nature of problem or request: Follow up on D.O.C. Auto  
Accident. Meds.

*John Inman*  
Signature

**DO NOT WRITE BELOW THIS LINE**

Date: 1/27/05  
 Time: 0430 AM PM  
 Allergies: NKA

RECEIVED  
 Date: 01/26/05  
 Time: 1047pm  
 Receiving Nurse Initials am

(S)ubjective: *"I went to the MD day before yesterday to get my medicine renewed but the Doctor got an emergency phone call and need to know when my prescription will be renewed."*

(O)bjective (V/S): T: 98.6 P: 64 R: 20 BP: 122/78 WT: 175

*A + O x 3. Resp c clear; skin w/o touch. Requesting that Motrin 800mg be renewed for pain in neck.*

(A)ssessment: *Alt in Comfort*

(P)lan: *HCP Review*

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN  
 CIRCLE ONE

Check One: ROUTINE ( ) EMERGENCY ( )

If Emergency was PHS supervisor notified: Yes ( ) No ( )

Was MD/PA on call notified: Yes ( ) No ( )

*Has order for Feldene*

*C. Hillman / J. Hillman*  
 SIGNATURE AND TITLE 1/27/05

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON  
HEALTH  
SERVICES  
INCORPORATED

Follow up  
**PRISON HEALTH SERVICES, INC.  
SICK CALL REQUEST**

Print Name: John Iaman Date of Request: 1-5-05  
ID # 234821 Date of Birth: [REDACTED] Location: FLXC 1-70

Nature of problem or request: This concerning a accident I was  
involved in while working with DOC custody squad  
at Vesper. My neck pain and shofte stiffness has worsen  
and I would like to have an outside and independent opinion

John Iaman  
Signature

**DO NOT WRITE BELOW THIS LINE**

Date:    /   /     
Time:     AM PM  
Allergies:    

RECEIVED	
Date: <u>5-4-05</u>	
Time: <u>6:08</u>	
Receiving Nurse Initials: <u>RVB</u>	

(S)ubjective: "I've been having problems c  
my neck. I can't get my meds.  
ms. Hassity told me to get it renewed  
when I run out."

(O)bjective (V/S): T: 97.9 P: 88 R: 20 BP: 118/66 WT:    

A 40 x 3 - Resp. c ease, I can't to touch  
clp pain to neck c shoulders. "Can  
"I please get my medicine Kop?"

(A)ssessment: att in comfort

(P)lan:  
HCP Review

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN  
CIRCLE ONE

Check One: ROUTINE ( ) EMERGENCY ( )

If Emergency was PHS supervisor notified: Yes ( ) No ( )

Was MD/PA on call notified: Yes ( ) No ( )

C. H. [Signature]  
SIGNATURE AND TITLE  
5/6/06

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT





# PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: John Toman Date of Request: 12-15-04  
ID # 234821 Date of Birth: [REDACTED] Location: 4-26  
Nature of problem or request: I've been having problems with my neck and shoulder, I was involved in a car accident, I'm having major problems with my meds. Need to see doctor.  
Signature: [Signature]

DO NOT WRITE BELOW THIS LINE

Date: 12/16/04  
Time: 1:00 AM PM  
Allergies: NKA

RECEIVED	
Date:	<u>12/15/04</u>
Time:	<u>8:20 pm</u>
Receiving Nurse Initials	<u>[Initials]</u>

(S)ubjective: The Motrin and Tylenol not working for my neck and shoulder. I want the meds KOP because of supervision given me problems. I want a M R #  
(O)bjective (V/S): T: 98.2 P: 78 R: 18 BP: 136/90 WT: 170  
Resp clear. Ambly 5 different. Good ROM to neck & swelling at this time. No swelling to Rt or Lt shoulder. Good ROM. No discoloration. Tenderness in comfort.  
(A)ssessment: Good ROM to neck & swelling at this time. No swelling to Rt or Lt shoulder. Good ROM. No discoloration. Tenderness in comfort.

(P)lan: HCP to review

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN  
CIRCLE ONE

Check One: ROUTINE ( ) EMERGENCY ( )

If Emergency was PHS supervisor notified: Yes ( ) No ( )

Was MD/PA on call notified: Yes ( ) No ( )

Outguide chart requested

[Signature]  
SIGNATURE AND TITLE  
12/16/04

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON HEALTH SERVICES, INC.  
SICK CALL REQUEST

Print Name: John Inman Date of Request: 12-2-04  
ID # 234821 Date of Birth: [REDACTED] Location: 4-26  
Nature of problem or request: I WAS ON THE DOC BUS THAT HAD THE ACCIDENT ASIDE FROM WORK. I IN PAIN MY LOWER NECK & UPPER BACK HURT ALOT, WOULD LIKE MRI AND SEE YOUR DOCTOR

[Signature]  
Signature

DO NOT WRITE BELOW THIS LINE

Date: 12/3/04  
Time: 3:35 PM  
Allergies: NKA

RECEIVED  
Date: 12-3-04  
Time: 12-20-04  
Receiving Nurse Initials [Signature]

of this limits movement of my head

(S)ubjective: I was in the bus wreck & my shoulder & neck hit the window. I've been getting bla from back of head & my neck hurts - it gets to hurting really bad when I lean my head forward. My throat feels like it's swollen & is numb all the way around.  
(O)bjective (V/S): T: 95 P: 71 R: 18 BP: 106/76 WT: 179

Wm A+O X3 Clovech pain & ↑ shoulder pain - on spine - touched area 4 inches below nape of neck directly on spine as area of pain - noted knot to spine 3 1/2 inches below neck approx 1 1/2" ↓  
(A)ssessment: 4" ↔ and 12-3/4" deep - noted limited movement of head  
Alteration in comfort and mobility/fluidity of head/neck.

(P)lan: Refer to M.D. / Tylenol 325 mg tabs po - max 4 tabs / 4 hours / Motrin 60 mg po TID x 3 days per protocol

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN  
CIRCLE ONE

Check One: ROUTINE ☒ EMERGENCY ( )

If Emergency was PHS supervisor notified: Yes ( ) No ( )  
Was MD/PA on call notified: Yes ( ) No ( )

Outguide chart requested 12/3/04

[Signature]  
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE  
YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON HEALTH SERVICES, INC.  
SICK CALL REQUEST

Print Name: John Inman Date of Request: 10-30-04  
ID # 2378 234821 Date of Birth: [REDACTED] Location: 3-108

Nature of problem or request: I was in the Bus wreck and am  
having SEVERE pain in my hand and my shoulder  
Area Between my shoulder blades At my Neck  
And back bone.

[Signature]  
Signature

DO NOT WRITE BELOW THIS LINE

Date:   /  /    
Time:    AM PM  
Allergies:   

RECEIVED
Date: <u>10/31/04</u>
Time: <u>8:30 pm</u>
Receiving Nurse Initials <u>[Signature]</u>

(S)ubjective:

(O)bjective (V/S): T:    P:    R:    BP:    WT:   

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN  
CIRCLE ONE

Check One: ROUTINE ( ) EMERGENCY ( )

If Emergency was PHS supervisor notified: Yes ( ) No ( )

Was MD/PA on call notified: Yes ( ) No ( )

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



**PRISON HEALTH SERVICES, INC.  
SICK CALL REQUEST**

Print Name: JOHN INMAN Date of Request: 10-29-04  
ID # 234821 Date of Birth: [REDACTED] Location: 3 cell 108  
Nature of problem or request: Severe pain in hand, neck, shoulder and back. I was in that bus accident and have no pain medication over here whatsoever.

John Inman  
Signature

**DO NOT WRITE BELOW THIS LINE**

Date:    /   /     
Time:     AM PM  
Allergies:    

RECEIVED
Date: <u>10/30/04</u>
Time: <u>1:30 pm</u>
Receiving Nurse Initials <u>   </u>

**(S)ubjective:**

**(O)bjective** (V/S): T:    P:    R:    BP:    WT:   

**(A)ssessment:**

**(P)lan:**

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE ( ) EMERGENCY ( )

If Emergency was PHS supervisor notified: Yes ( ) No ( )

Was MD/PA on call notified: Yes ( ) No ( )

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE



# PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Det  
FLYC

Print Name: John Inman Date of Request: 2-17-04  
ID # 234821 Date of Birth: [REDACTED] Location: 3-108  
Nature of problem or request: I was on a bus wreck, I have broke  
finger still swollen, my neck & back still hurts, I  
need work stop up.

John Inman  
Signature

DO NOT WRITE BELOW THIS LINE

Date: 11/18/04  
Time: 7:50 AM PM  
Allergies: NILDA

<p>RECEIVED</p> <p>Date: _____</p> <p>Time: _____</p> <p>Receiving Nurse Initials _____</p>
---

(S)ubjective: "I was on a bus wreck I have a broke finger that is still swollen. My neck & back still hurts. I need a work stop."

(O)bjective (V/S): T: 97° P: 76 R: 20 BP: 108/66 WT: \_\_\_\_\_  
A+Ox3 Ambly vis diff. Skin w/lot touch. Resp reg. C/o soreness to  
R<sup>nd</sup> digit to lt hand. Slight edema noted to finger. Still he was @ work  
picked up a bunch of bricks & felt sharp pain in neck. Neck noted supple  
(A)ssessment: deformities noted F.R.O.M. noted.

Alt comfort

(P)lan: pill chll

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN  
CIRCLE ONE

Check One: ROUTINE ( ) EMERGENCY ( )

If Emergency was PHS supervisor notified: Yes ( ) No ( )

Was MD/PA on call notified: Yes ( ) No ( )

2.9 [Signature]

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



# PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: John Inman Date of Request: 11-23-04  
 ID # 234821 Date of Birth: [REDACTED] Location: 4-26  
 Nature of problem or request: I WAS INVOLVED IN THE BUS ACCIDENT  
AND THE PAIN IN MY UPPER BACK & LOWER NECK HAS NOT IMPROVED  
I WOULD LIKE TO SEE THE DOCTOR POSSIBLY GO AND HAVE  
MRI CAN TO FIND OUT WHAT IS WRONG WITH ME  
John Inman  
 Signature

DO NOT WRITE BELOW THIS LINE

Date: 11/24/04  
 Time: 4:34 5:00 AM PM  
 Allergies: NKA

<p>RECEIVED</p> <p>Date: _____</p> <p>Time: _____</p> <p>Receiving Nurse Initials _____</p>
---

(S)ubjective: I need MRI. My upper back and lower  
neck is still hurting. The pain is no better.  
The medicine I was on ran out.

(O)bjective (V/S): T: 94 P: 78 R: 20 BP: 130/80 WT: 144 lbs

Reported difficulty with upper back and neck. No swelling or discoloration.  
 (A)ssessment: When prepared for MRI. Good ROM. No obvious  
distraction in comfort. Requesting MRI

(P)lan: Ref to review

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE ☒ EMERGENCY ☐

If Emergency was PHS supervisor notified: Yes ☐ No ☐

Was MD/PA on call notified: Yes ☐ No ☐

Attorney | X. [Signature]  
 SIGNATURE AND TITLE  
11-24-04

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT





**PRISON HEALTH SERVICES, INC.  
SICK CALL REQUEST**

Print Name: John Inman Date of Request: 11-11-04  
 ID # 234821 Date of Birth: [REDACTED] Location: 3-108  
 Nature of problem or request: I WAS IN THE BUS WRECK AND  
THE AREA BETWEEN MY SHOULDERS IS STILL HURTING  
AND NOW ALL WANTS ME TO HAVE MY  
FINGER OPERATED ON AND IT STILL HASN'T HAPPENED  
John Inman  
 Signature

**DO NOT WRITE BELOW THIS LINE**

Date: 11/12/04  
 Time: 0820 AM PM  
 Allergies: NKDA

RECEIVED	
Date:	<u>11-11-04</u>
Time:	<u>1900</u>
Receiving Nurse Initials	<u>AT</u>

(S)ubjective: "I was supposed to have surgery  
on my finger. I can't bend my  
finger. Having pain between my arm  
where my neck meets my back  
 (O)bjective (V/S): T: 98 P: 72 R: 20 BP: 128/74 WT: 185

has splint on left index finger. States that  
he is unable to bend. moderate edema  
 (A)ssessment: injury to left index finger. 0 redness 0  
spasms noted to upper middle  
back

all in comfort  
 (P)lan: HCP Review

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN  
 CIRCLE ONE

Check One: ROUTINE (☒) EMERGENCY ( )

If Emergency was PHS supervisor notified: Yes ( ) No ( )

Was MD/PA on call notified: Yes ( ) No ( )

C. Hill Assistant  
 SIGNATURE AND TITLE 11-12-07

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT